



14-May-2004 01:18pm From-GERON CORP

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T-196 P.002/003 F-233

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Complete and send this form, together with applicable fee(s), to: Mail

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022869 7590 02/27/2004

GERON CORPORATION  
230 CONSTITUTION DRIVE  
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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

KARIN ZILLEN	(Depositor's name)
Karin Zillen	(Signature)
May 14 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/042,460	03/16/1998	GREGG B. MORIN	015389003110	5004

TITLE OF INVENTION: MOUSE TELOMERASE REVERSE TRANSCRIPTASE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO YES	<del>\$4330</del> \$665	\$0	<del>\$4330</del> \$665	05/27/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
KAUSHAL, SUMESH	1636	435-069100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. J. Michael Schiff

2. David J. Earp

3.

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(1) Geron Corporation

(B) RESIDENCE (CITY and STATE OR COUNTRY)

Menlo Park, California

(2) Albert Einstein College of Medicine of Yeshiva University, A Division of Yeshiva University

Bronx, New York

Please check the appropriate assignee category or categories (will not be printed on the patent):

☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☒ Advance Order - # of Copies TWO

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 07-1139 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date)

J. Michael Schiff Registration No. 40,253

May 10/04

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05/17/2004 AMONDAF2 00000012 071139 09042460

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TRANSMIT THIS FORM WITH FEE(S)



14-May-2004

01:18pm

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T-196 P.001/003 F-233

Attorney Docket No.: 015389-003110; 019/224P

**geron**

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## *Facsimile Transmittal Sheet*

Date: May 14, 2004  
To: Mail Stop ISSUE FEE  
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Fax #: (703) 746-4000  
From: J. Michael Schiff, Ph.D.  
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### OFFICIAL FILING

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USSN 09/042,460

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